



HEALTH QUARTERLY STATEMENT

As of March 31, 2021  
of the Condition and Affairs of the

Wellmark Synergy Health, Inc.

NAIC Group Code.....0770, 0770  
(Current Period) (Prior Period)

NAIC Company Code..... 15935

Employer's ID Number..... 37-1800647

Organized under the Laws of IA

State of Domicile or Port of Entry IA

Country of Domicile US

Licensed as Business Type Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized..... January 7, 2016

Commenced Business..... January 1, 2017

Statutory Home Office

1331 Grand Avenue .. Des Moines .. IA .. US .. 50309-2901  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

1331 Grand Avenue .. Des Moines .. IA .. US .. 50309-2901  
(Street and Number) (City or Town, State, Country and Zip Code)

515-376-4500  
(Area Code) (Telephone Number)

Mail Address

1331 Grand Avenue .. Des Moines .. IA .. US .. 50309-2901  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

1331 Grand Avenue .. Des Moines .. IA .. US .. 50309-2901  
(Street and Number) (City or Town, State, Country and Zip Code)

515-376-4500  
(Area Code) (Telephone Number)

Internet Web Site Address

www.wellmark.com

Statutory Statement Contact

Ashley Ariel Arellano  
(Name)  
arellanoaa@wellmark.com  
(E-Mail Address)

515-376-6307  
(Area Code) (Telephone Number) (Extension)  
515-376-9054  
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Cory Randall Harris	President	2. Scott Andrew Sundstrom	Secretary
3. Christa Daneen Kuennen	Treasurer	4. Peter Rienhart Kitundu	Chief Compliance Officer

OTHER

DIRECTORS OR TRUSTEES

Christa Daneen Kuennen	Cory Randall Harris	Thomas Theonley Newton	Jennifer Hansen Vermeer
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State of..... Iowa  
County of..... Polk

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)  
Cory Randall Harris  
1. (Printed Name)  
President  
(Title)

(Signature)  
Scott Andrew Sundstrom  
2. (Printed Name)  
Secretary  
(Title)

(Signature)  
Christa Daneen Kuennen  
3. (Printed Name)  
Treasurer  
(Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no: 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds.....			0	
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....14,422,143), cash equivalents (\$.....0) and short-term investments (\$.....0).....	14,422,143		14,422,143	14,469,798
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	14,422,143	0	14,422,143	14,469,798
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....			0	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	1,000		1,000	2,000
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	14,423,143	0	14,423,143	14,471,798
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	14,423,143	0	14,423,143	14,471,798

DETAILS OF WRITE-INS

1101. ....			0	
1102. ....			0	
1103. ....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. ....			0	
2502. ....			0	
2503. ....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....			.....0	.....
2. Accrued medical incentive pool and bonus amounts.....			.....0	.....
3. Unpaid claims adjustment expenses.....			.....0	.....
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			.....0	.....631
5. Aggregate life policy reserves.....			.....0	.....
6. Property/casualty unearned premium reserve.....			.....0	.....
7. Aggregate health claim reserves.....			.....0	.....
8. Premiums received in advance.....			.....0	.....
9. General expenses due or accrued.....			.....0	.....
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			.....0	.....
10.2 Net deferred tax liability.....	.....1,000		.....1,000	.....1,000
11. Ceded reinsurance premiums payable.....			.....0	.....
12. Amounts withheld or retained for the account of others.....			.....0	.....
13. Remittances and items not allocated.....			.....0	.....
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			.....0	.....
15. Amounts due to parent, subsidiaries and affiliates.....			.....0	.....53,436
16. Derivatives.....			.....0	.....
17. Payable for securities.....			.....0	.....
18. Payable for securities lending.....			.....0	.....
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.....0	.....
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.....0	.....
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.....0	.....
22. Liability for amounts held under uninsured plans.....			.....0	.....
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	.....0	.....0	.....0	.....0
24. Total liabilities (Lines 1 to 23).....	.....1,000	.....0	.....1,000	.....55,067
25. Aggregate write-ins for special surplus funds.....	.....XXX	.....XXX	.....0	.....0
26. Common capital stock.....	.....XXX	.....XXX	.....12,000,000	.....12,000,000
27. Preferred capital stock.....	.....XXX	.....XXX		
28. Gross paid in and contributed surplus.....	.....XXX	.....XXX		
29. Surplus notes.....	.....XXX	.....XXX		
30. Aggregate write-ins for other than special surplus funds.....	.....XXX	.....XXX	.....0	.....0
31. Unassigned funds (surplus).....	.....XXX	.....XXX	.....2,422,143	.....2,416,731
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	.....XXX	.....XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	.....XXX	.....XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	.....XXX	.....XXX	.....14,422,143	.....14,416,731
34. Total liabilities, capital and surplus (Lines 24 and 33).....	.....XXX	.....XXX	.....14,423,143	.....14,471,798

DETAILS OF WRITE-INS

2301. ....			.....0	.....
2302. ....			.....0	.....
2303. ....			.....0	.....
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.....0	.....0	.....0	.....0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	.....0	.....0	.....0	.....0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....XXX	.....XXX	.....0	.....0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....XXX	.....XXX	.....0	.....0
3001. ....				
3002. ....				
3003. ....				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	.....XXX	.....XXX	.....0	.....0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	.....XXX	.....XXX	.....0	.....0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	.....	.....	.....
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	.....	.....	.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	.....	.....	.....
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....	.....	.....	.....
5. Risk revenue.....	XXX.....	.....	.....	.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0.....	0.....	0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0.....	0.....	0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	0.....	0.....	0.....
Hospital and Medical:				
9. Hospital/medical benefits.....	.....	(43).....	2,914.....	2,424.....
10. Other professional services.....	.....	.....	.....	.....
11. Outside referrals.....	.....	.....	.....	.....
12. Emergency room and out-of-area.....	.....	.....	.....	.....
13. Prescription drugs.....	.....	.....	.....	.....
14. Aggregate write-ins for other hospital and medical.....	0.....	0.....	0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....	.....	.....	.....	.....
16. Subtotal (Lines 9 to 15).....	0.....	(43).....	2,914.....	2,424.....
Less:				
17. Net reinsurance recoveries.....	.....	.....	.....	.....
18. Total hospital and medical (Lines 16 minus 17).....	0.....	(43).....	2,914.....	2,424.....
19. Non-health claims (net).....	.....	.....	.....	.....
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....	.....	.....	.....	.....
21. General administrative expenses.....	.....	340.....	335.....	5,182.....
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....	.....	.....	.....	.....
23. Total underwriting deductions (Lines 18 through 22).....	0.....	297.....	3,249.....	7,606.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(297).....	(3,249).....	(7,606).....
25. Net investment income earned.....	.....	6,709.....	51,658.....	80,885.....
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....	.....	.....	.....	.....
27. Net investment gains or (losses) (Lines 25 plus 26).....	0.....	6,709.....	51,658.....	80,885.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....	.....	.....	.....	.....
29. Aggregate write-ins for other income or expenses.....	0.....	0.....	0.....	0.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	6,412.....	48,409.....	73,279.....
31. Federal and foreign income taxes incurred.....	XXX.....	1,000.....	10,000.....	16,000.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	5,412.....	38,409.....	57,279.....

DETAILS OF WRITE-INS				
0601. ....	XXX.....	.....	.....	.....
0602. ....	XXX.....	.....	.....	.....
0603. ....	XXX.....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0.....	0.....	0.....
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	0.....	0.....	0.....
0701. ....	XXX.....	.....	.....	.....
0702. ....	XXX.....	.....	.....	.....
0703. ....	XXX.....	.....	.....	.....
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0.....	0.....	0.....
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	0.....	0.....	0.....
1401. ....	.....	.....	.....	.....
1402. ....	.....	.....	.....	.....
1403. ....	.....	.....	.....	.....
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0.....	0.....	0.....	0.....
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0.....	0.....	0.....	0.....
2901. ....	.....	.....	.....	.....
2902. ....	.....	.....	.....	.....
2903. ....	.....	.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0.....	0.....	0.....	0.....
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0.....	0.....	0.....	0.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	.....14,416,731	.....14,357,313	.....14,357,313
34. Net income or (loss) from Line 32.....	.....5,412	.....38,409	.....57,279
35. Change in valuation basis of aggregate policy and claim reserves.....	.....	.....	.....
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.0.....	.....	.....	.....
37. Change in net unrealized foreign exchange capital gain or (loss).....	.....	.....	.....
38. Change in net deferred income tax.....	.....	.....	.....1,000
39. Change in nonadmitted assets.....	.....	.....366	.....1,139
40. Change in unauthorized and certified reinsurance.....	.....	.....	.....
41. Change in treasury stock.....	.....	.....	.....
42. Change in surplus notes.....	.....	.....	.....
43. Cumulative effect of changes in accounting principles.....	.....	.....	.....
44. Capital changes:			
44.1 Paid in.....	.....	.....	.....
44.2 Transferred from surplus (Stock Dividend).....	.....	.....	.....
44.3 Transferred to surplus.....	.....	.....	.....
45. Surplus adjustments:			
45.1 Paid in.....	.....	.....	.....
45.2 Transferred to capital (Stock Dividend).....	.....	.....	.....
45.3 Transferred from capital.....	.....	.....	.....
46. Dividends to stockholders.....	.....	.....	.....
47. Aggregate write-ins for gains or (losses) in surplus.....	.....0	.....0	.....0
48. Net change in capital and surplus (Lines 34 to 47).....	.....5,412	.....38,775	.....59,418
49. Capital and surplus end of reporting period (Line 33 plus 48).....	.....14,422,143	.....14,396,088	.....14,416,731

DETAILS OF WRITE-INS			
4701. ....	.....	.....	.....
4702. ....	.....	.....	.....
4703. ....	.....	.....	.....
4798. Summary of remaining write-ins for Line 47 from overflow page.....	.....0	.....0	.....0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	.....0	.....0	.....0

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	(631)		
2. Net investment income.....	6,709	51,658	80,885
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	6,078	51,658	80,885
5. Benefit and loss related payments.....	(43)	2,948	2,285
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	340	335	5,182
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			60,000
10. Total (Lines 5 through 9).....	297	3,283	67,467
11. Net cash from operations (Line 4 minus Line 10).....	5,781	48,375	13,418
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	0	0
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	0	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(53,436)	(3,353)	50,225
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(53,436)	(3,353)	50,225
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(47,655)	45,022	63,643
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	14,469,798	14,406,155	14,406,155
19.2 End of period (Line 18 plus Line 19.1).....	14,422,143	14,451,177	14,469,798
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001 .....			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

Q07

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	0									
2. First Quarter.....	0									
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	0									
Total Member Ambulatory Encounters for Period:										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Health Premiums Written (a).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	(43)		(43)							
18. Amount Incurred for Provision of Health Care Services.....	(43)		(43)							

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$......0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical).....	(43)				(43)	
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	(43)	0	0	0	(43)	0
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	(43)	0	0	0	(43)	0

(a) Excludes \$.00 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Wellmark Synergy Health, Inc. (the Company) have been prepared in conformity with the accounting practices prescribed by the National Association of Insurance Commissioners (NAIC) and the State of Iowa.

The NAIC Accounting Practices and Procedures manual has been adopted as a component of prescribed or permitted practices by the State of Iowa. The Commissioner of Insurance has the right to permit specific practices that deviate from prescribed practices. The Company does not have any permitted practices.

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2020
NET INCOME					
(1) Wellmark Synergy Health, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 5,412	\$ 57,279
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 5,412	\$ 57,279
SURPLUS					
(5) Wellmark Synergy Health, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 14,422,143	\$ 14,416,731
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 14,422,143	\$ 14,416,731

B. Use of Estimates in the Preparation of the Financial Statement - No significant change.

C. Accounting Policy

- (1) Basis for Short-Term Investments - Not Applicable.
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method - Not Applicable.
- (3) Basis for Common Stocks - Not Applicable.
- (4) Basis for Preferred Stocks - Not Applicable.
- (5) Basis for Mortgage Loans - Not Applicable.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology - Not Applicable.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities - Not Applicable.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities - Not Applicable.
- (9) Accounting Policies for Derivatives - Not Applicable.
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation - Not Applicable.
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses - Not Applicable.
- (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period - Not Applicable.
- (13) Method Used to Estimate Pharmaceutical Rebate Receivables - Not Applicable.

D. Going Concern

Management has evaluated the Company's ability to continue as a going concern and has concluded that there are no events or circumstances that raise any doubt about the Company's ability to continue as a going concern. As of January 1, 2019, the Company no longer offered contracts for covered health care services.

Note 2 – Accounting Changes and Corrections of Errors

Not Applicable.

Note 3 – Business Combinations and Goodwill

Not Applicable.

Note 4 – Discontinued Operations

Not Applicable.

Note 5 – Investments

Not Applicable.

NOTES TO FINANCIAL STATEMENTS

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

Not Applicable.

**Note 7 – Investment Income**

No significant change.

**Note 8 – Derivative Instruments**

Not Applicable.

**Note 9 – Income Taxes**

No significant change.

**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

No significant change.

**Note 11 – Debt**

Not Applicable.

**Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

Not Applicable.

**Note 13 – Capital and Surplus, Shareholder’s Dividend Restrictions and Quasi-Reorganizations**

No significant change.

**Note 14 – Liabilities, Contingencies and Assessments**

No significant change.

**Note 15 – Leases**

Not Applicable.

**Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

Not Applicable.

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

Not Applicable.

**Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans**

Not Applicable.

**Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not Applicable.

**Note 20 – Fair Value Measurements**

- A. Fair Value Measurements - Not Applicable.
- B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Statutory guidance requires the disclosure of fair values for certain other financial instruments for which it is practicable to estimate fair value, whether or not such values are recognized in the statements of assets, liabilities, capital and surplus. The carrying amounts for cash approximate fair value because of the short-term nature of these items.
- C. Fair Value Level - Not Applicable.
- D. Not Practicable to Estimate Fair Value - Not Applicable.
- E. NAV Practical Expedient Investments - Not Applicable.

**Note 21 – Other Items**

Not Applicable.

**Note 22 – Events Subsequent**

The Company has evaluated all events occurring after March 31, 2021 through May 11, 2021, the date the quarterly statement was available to be issued, to determine whether any event required either recognition or disclosure in the Company’s quarterly statement. No items requiring recognition or disclosure were identified.

NOTES TO FINANCIAL STATEMENTS

Note 23 – Reinsurance

Not Applicable.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

- A. Change in Incurred Losses and Loss Adjustment Expenses - Not Applicable.
- B. Information about Significant Changes in Methodologies and Assumptions

There have been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

Note 26 – Intercompany Pooling Arrangements

Not Applicable.

Note 27 – Structured Settlements

Not Applicable.

Note 28 – Health Care Receivables

Not Applicable.

Note 29 – Participating Policies

Not Applicable.

Note 30 – Premium Deficiency Reserves

No significant change.

Note 31 – Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [ ☐ ] No [ ☒ X ]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [ ☐ ] No [ ☐ ]

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ☐ ] No [ ☒ X ]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ ☒ X ] No [ ☐ ]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [ ☐ ] No [ ☒ X ]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ ☐ ] No [ ☒ X ]

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

Yes [ ☐ ] No [ ☒ X ]

4.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes [ ☐ ] No [ ☒ X ] N/A [ ☐ ]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2016

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2016

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

07/18/2018

6.4

By what department or departments?  
Iowa Insurance Division

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ☐ ] No [ ☐ ] N/A [ ☒ X ]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ ☐ ] No [ ☐ ] N/A [ ☒ X ]

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ☐ ] No [ ☒ X ]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes [ ☐ ] No [ ☒ X ]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ☐ ] No [ ☒ X ]

8.4

If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.

Yes [ ☒ X ] No [ ☐ ]

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes [ ☐ ] No [ ☒ X ]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ☐ ] No [ ☒ X ]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☐ No ☒

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes ☐ No ☒

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$0

13. Amount of real estate and mortgages held in short-term investments:

\$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes ☐ No ☒

14.2 If yes, please complete the following:

14.21 Bonds

14.22 Preferred Stock

14.23 Common Stock

14.24 Short-Term Investments

14.25 Mortgage Loans on Real Estate

14.26 All Other

14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)

14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1	2
Prior Year End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
\$0	\$0
0	0
0	0
0	0
0	0
0	0
0	0
\$0	\$0
\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes ☐ No ☒

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes ☐ No ☐ N/A ☒

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$0

16.3 Total payable for securities lending reported on the liability page:

\$0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes ☐ No ☒

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
The Company only held cash as of March 31, 2021.	

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes ☐ No ☒

17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such ["...that have access to the investment accounts", "handle securities"].

1	2
Name of Firm or Individual	Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes ☐ No ☒

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes ☐ No ☒

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes ☒ No ☐

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19.

By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a.

Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b.

Issuer or obligor is current on all contracted interest and principal payments.

c.

The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes

[ ]

No

[ X ]

20.

By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

a.

The security was purchased prior to January 1, 2018.

b.

The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c.

The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d.

The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes

[ ]

No

[ X ]

21.

By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a.

The security was purchased prior to January 1, 2019.

b.

The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c.

The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d.

The fund only or predominantly holds bonds in its portfolio.

e.

The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f.

The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes

[ ]

No

[ X ]

Q11.2

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent .....		0.0 %
1.2	A&H cost containment percent .....		0.0 %
1.3	A&H expense percent excluding cost containment expenses .....		0.0 %
2.1	Do you act as a custodian for health savings accounts? .....	Yes [ ]	No [ X ]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3	Do you act as an administrator for health savings accounts? .....	Yes [ ]	No [ X ]
2.4	If yes, please provide the amount of funds administered as of the reporting date.		0
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [ ]	No [ X ]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	Yes [ ]	No [ X ]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only								
		2	3	4	5	6	7	8	9	10	
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 through 8	Deposit-Type Contracts
1.	Alabama.....AL	.N.								.0	
2.	Alaska.....AK	.N.								.0	
3.	Arizona.....AZ	.N.								.0	
4.	Arkansas.....AR	.N.								.0	
5.	California.....CA	.N.								.0	
6.	Colorado.....CO	.N.								.0	
7.	Connecticut.....CT	.N.								.0	
8.	Delaware.....DE	.N.								.0	
9.	District of Columbia.....DC	.N.								.0	
10.	Florida.....FL	.N.								.0	
11.	Georgia.....GA	.N.								.0	
12.	Hawaii.....HI	.N.								.0	
13.	Idaho.....ID	.N.								.0	
14.	Illinois.....IL	.N.								.0	
15.	Indiana.....IN	.N.								.0	
16.	Iowa.....IA	.L								.0	
17.	Kansas.....KS	.N.								.0	
18.	Kentucky.....KY	.N.								.0	
19.	Louisiana.....LA	.N.								.0	
20.	Maine.....ME	.N.								.0	
21.	Maryland.....MD	.N.								.0	
22.	Massachusetts.....MA	.N.								.0	
23.	Michigan.....MI	.N.								.0	
24.	Minnesota.....MN	.N.								.0	
25.	Mississippi.....MS	.N.								.0	
26.	Missouri.....MO	.N.								.0	
27.	Montana.....MT	.N.								.0	
28.	Nebraska.....NE	.N.								.0	
29.	Nevada.....NV	.N.								.0	
30.	New Hampshire.....NH	.N.								.0	
31.	New Jersey.....NJ	.N.								.0	
32.	New Mexico.....NM	.N.								.0	
33.	New York.....NY	.N.								.0	
34.	North Carolina.....NC	.N.								.0	
35.	North Dakota.....ND	.N.								.0	
36.	Ohio.....OH	.N.								.0	
37.	Oklahoma.....OK	.N.								.0	
38.	Oregon.....OR	.N.								.0	
39.	Pennsylvania.....PA	.N.								.0	
40.	Rhode Island.....RI	.N.								.0	
41.	South Carolina.....SC	.N.								.0	
42.	South Dakota.....SD	.N.								.0	
43.	Tennessee.....TN	.N.								.0	
44.	Texas.....TX	.N.								.0	
45.	Utah.....UT	.N.								.0	
46.	Vermont.....VT	.N.								.0	
47.	Virginia.....VA	.N.								.0	
48.	Washington.....WA	.N.								.0	
49.	West Virginia.....WV	.N.								.0	
50.	Wisconsin.....WI	.N.								.0	
51.	Wyoming.....WY	.N.								.0	
52.	American Samoa.....AS	.N.								.0	
53.	Guam.....GU	.N.								.0	
54.	Puerto Rico.....PR	.N.								.0	
55.	U.S. Virgin Islands.....VI	.N.								.0	
56.	Northern Mariana Islands.....MP	.N.								.0	
57.	Canada.....CAN	.N.								.0	
58.	Aggregate Other alien.....OT	.XXX.	.0	.0	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal.....	.XXX.	.0	.0	.0	.0	.0	.0	.0	.0	.0
60.	Reporting entity contributions for Employee Benefit Plans.....	.XXX.								.0	
61.	Total (Direct Business).....	.XXX.	.0	.0	.0	.0	.0	.0	.0	.0	.0

DETAILS OF WRITE-INS

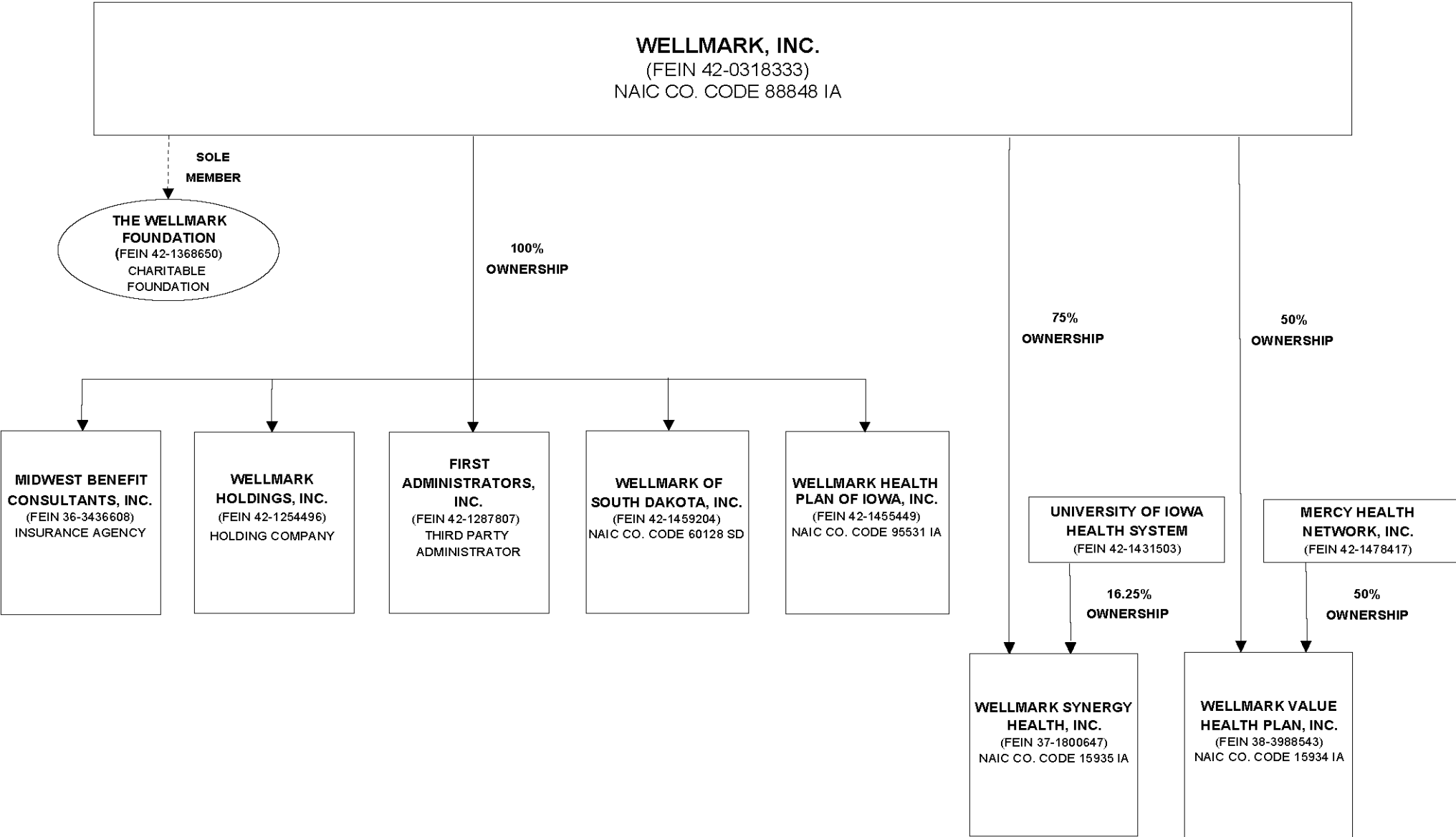
58001. ....										.0	
58002. ....										.0	
58003. ....										.0	
58998. Summary of remaining write-ins for line 58 from overflow page.....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1  
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state ..... 0

R - Registered - Non-domiciled RRGs..... 0  
Q - Qualified - Qualified or accredited reinsurer..... 0  
N - None of the above - Not allowed to write business in the state ..... 56

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
0770	Wellmark Group.....	88848...	42-0318333..	.....	.....	.....	Wellmark, Inc.....	IA.....	UDP.....	.....	.....	.....	Wellmark, Inc.....	...N.....	.....
0770	Wellmark Group.....	60128...	42-1459204..	.....	.....	.....	Wellmark of South Dakota, Inc.....	SD.....	IA.....	Wellmark, Inc.....	Ownership.....	...100.000	Wellmark, Inc.....	...N.....	.....
0770	Wellmark Group.....	95531...	42-1455449..	.....	.....	.....	Wellmark Health Plan of Iowa, Inc.....	IA.....	IA.....	Wellmark, Inc.....	Ownership.....	...100.000	Wellmark, Inc.....	...N.....	.....
0770	Wellmark Group.....	15935...	37-1800647..	.....	.....	.....	Wellmark Synergy Health, Inc.....	IA.....	RE.....	Wellmark, Inc.....	Ownership.....	...75.000	.....	...N.....	1.....
0770	Wellmark Group.....	15935...	37-1800647..	.....	.....	.....	Wellmark Synergy Health, Inc.....	IA.....	RE.....	University of Iowa Health System.....	Ownership.....	...16.250	.....	...N.....	1.....
0770	Wellmark Group.....	15934...	38-3988543..	.....	.....	.....	Wellmark Value Health Plan, Inc.....	IA.....	IA.....	Wellmark, Inc.....	Ownership.....	...50.000	.....	...N.....	2.....
0770	Wellmark Group.....	15934...	38-3988543..	.....	.....	.....	Wellmark Value Health Plan, Inc.....	IA.....	IA.....	Mercy Health Network, Inc.....	Ownership.....	...50.000	.....	...N.....	2.....
.....	Wellmark Group.....	00000...	36-3436608..	.....	.....	.....	Midwest Benefit Consultants, Inc.....	IA.....	NIA.....	Wellmark, Inc.....	Ownership.....	...100.000	Wellmark, Inc.....	...Y.....	.....
.....	Wellmark Group.....	00000...	42-1254496..	.....	.....	.....	Wellmark Holdings, Inc.....	IA.....	NIA.....	Wellmark, Inc.....	Ownership.....	...100.000	Wellmark, Inc.....	...Y.....	.....
.....	Wellmark Group.....	00000...	42-1287807..	.....	.....	.....	First Administrators, Inc.....	IA.....	NIA.....	Wellmark, Inc.....	Ownership.....	...100.000	Wellmark, Inc.....	...Y.....	.....
.....	Wellmark Group.....	00000...	42-1368650..	.....	.....	.....	The Wellmark Foundation.....	IA.....	OTH.....	Wellmark, Inc.....	Other .....	.....	Wellmark, Inc.....	...N.....	3.....

Asteri

Explanation

1	This entity is 75% owned by Wellmark, Inc., 16.25% owned by the University of Iowa Health System, and 8.75% owned by other health care provider systems. Each party has voting rights.
2	This entity is 50% owned by Wellmark, Inc. and 50% owned by Mercy Health Network, Inc. Each party has voting rights.
3	Wellmark, Inc. is the sole member of The Wellmark Foundation.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	<div>NO</div>

Explanation:  
1.

Bar Code:



**Overflow Page**  
**NONE**

**Sch. A - Verification**  
**NONE**

**Sch. B - Verification**  
**NONE**

**Sch. BA - Verification**  
**NONE**

**Sch. D - Verification**  
**NONE**

**Sch. D - Pt. 1B**  
**NONE**

**Sch. DA - Pt. 1**  
**NONE**

**Sch. DA - Verification**  
**NONE**

**Sch. DB - Pt. A - Verification**  
**NONE**

**Sch. DB - Pt. B - Verification**  
**NONE**

**Sch. DB - Pt. C - Sn. 1**  
**NONE**

**Sch. DB - Pt. C - Sn. 2**  
**NONE**

**Sch. DB - Verification**  
**NONE**

**Sch. E - Pt. 2 Verification**  
**NONE**

**Sch. A Pt. 2**  
**NONE**

**Sch. A Pt. 3**  
**NONE**

**Sch. B - Pt. 2**  
**NONE**

**Sch. B - Pt. 3**  
**NONE**

**Sch. BA - Pt. 2**  
**NONE**

**Sch. BA - Pt. 3**  
**NONE**

**Sch. D - Pt. 3**  
**NONE**

**Sch. D - Pt. 4**  
**NONE**

**Sch. DB - Pt. A - Sn. 1**  
**NONE**

**Sch. DB - Pt. B - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 2**  
**NONE**

**Sch. DB - Pt. E**  
**NONE**

**Sch. DL - Pt. 1**  
**NONE**

**Sch. DL - Pt. 2**  
**NONE**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount or Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Bankers Trust - Savings..... Des Moines, IA.....		.....0.173	.....7,125	.....	.....14,370,814	.....14,372,975	.....14,375,312	XXX
Bankers Trust - Operating..... Des Moines, IA.....			.....	.....	.....48,050	.....47,828	.....46,831	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....7,125	.....0	.....14,418,864	.....14,420,803	.....14,422,143	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....7,125	.....0	.....14,418,864	.....14,420,803	.....14,422,143	XXX
0599999. Total Cash.....	XXX	XXX	.....7,125	.....0	.....14,418,864	.....14,420,803	.....14,422,143	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

NONE